



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

February 13, 2008

Michelle Anderson, Administrator
Aspen Grove Assisted Living -- Idaho Falls
2705 East 17th Street
Idaho Falls, ID 83406

License #: RC-584

Dear Ms. Anderson:

On January 9, 2008, a Fire Life Safety Survey was conducted at Aspen Grove Assisted Living -- Idaho Falls. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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January 15, 2008

Scott Burpee, Administrator
Aspen Grove Assisted Living -- Idaho Falls
2705 East 17th Street
Idaho Falls, ID 83406

Dear Mr. Burpee:

On January 9, 2008, a Fire Life Safety Survey was conducted at Aspen Grove Assisted Living -- Idaho Falls. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 9, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/lj

Enclosure

FILE COPY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R584	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 01/09/2008
NAME OF PROVIDER OR SUPPLIER ASPEN GROVE ASSISTED LIVING - IDAHO FAI		STREET ADDRESS, CITY, STATE, ZIP CODE 2705 E 17TH ST IDAHO FALLS, ID 83406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on January 9, 2008.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

K60721

If continuation sheet 1 of 1



ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name	Physical Address	Phone Number
Aspen Grove	2705 E 17th ST,	208-522-4644
Administrator	City	ZIP Code
Michelle Anderson	Idaho Falls	83406
Survey Team Leader	Survey Type	Survey Date
Taylor Bankley		1-9-8

[illegible]

Response Required Date

Signature of Facility Representative

Date Signed _____

2-7-8

Signature of Facility Representative
Michelle Anderson

1-9-08